DOCUMENT RESUME

ED 408 538 CG 027 467

AUTHOR Bubbington, Carol M.
TITLE Safer Sex Workshops for Enhancing Self-Esteem.
PUB DATE Mar 97
NOTE 27p.; Paper presented at the Annual Meeting of the American Educational Research Association (Chicago, IL, March 24-28, 1997).
PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150) -- Tests/Questionnaires (160)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *College Students; Higher Education; Prevention; Self Concept; *Self Esteem; *Sexuality; Skill Development; Student Welfare; *Workshops
IDENTIFIERS Preventive Education; *Safe Sex Practices; Sexual Attitudes; Sexual Relationships; Sexually Transmitted Diseases

ABSTRACT

Although the mechanisms of transmission of the Human Immunodeficiency Virus (HIV) are well known, the elimination of HIV infections remains a major social problem. While traditional education techniques have been effective in increasing knowledge levels, they have not been adequate in changing sexual behavior. Since students' self-esteem plays a major role in determining behavior, the effects of skill-building activities on the self-esteem of students who participated in safer-sex workshops is investigated here. Students (N=143) at California University of Pennsylvania were administered a self-esteem survey one week before and one week after the safer-sex workshop. In the workshop, students participated in a variety of activities, such as role playing, which were aimed at raising participants' self-esteem. Survey data indicated that the skill-building activities used in the study produced a reliable increase in the self-esteem of the students. Females scored higher on the pretest than the pretest and males scored higher than females on both tests. Even though the workshop proved to be a comprehensive intervention, there is a concern for the long-term effect of the workshop on the students' self-esteem. Changes in self-esteem should be tracked, and it is recommended that those students involved in the study should be surveyed at a later date to determine the retention of increased self-esteem. Five appendices present the workshop activities. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 408 538

SAFER SEX WORKSHOPS FOR ENHANCING SELF-ESTEEM

Carol M. Biddington, EdD

Paper Presented at the
American Education Research Association
Conference
Chicago, March 24-29, 1997

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

C. Biddington

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG027807

BEST COPY AVAILABLE

Although the mechanisms of transmission of the HIV virus are well known, the elimination of HIV infections remains a major social problem. Since a vaccine to prevent HIV infection does not exist, there is an urgent need to provide students with the appropriate knowledge and skills to prevent the further spread of HIV and other sexually transmitted diseases. Teaching students how to avoid HIV infection is an important strategy in slowing the spread of the virus. The American College Health Association (1989) recommends that effective educational programs about AIDS and HIV infection must be a high priority for all colleges and universities.

In an attempt to further prevent the spread of HIV infections and other sexually transmitted diseases, educators must be continuously striving to develop new educational programs and teaching techniques that will effectively influence the sexual behavior of adolescents and young adults. Traditional education techniques have been effective in increasing knowledge levels but have not been adequate in changing sexual behavior (Popham, 1993). As a result, knowledge alone regarding transmission is not sufficient and new educational initiatives must emphasize behavioral change.

Students' self-esteem plays a major role in determining behavior (Laing & Bruess, 1989). Keeling (1992) identified that individuals often do not behave according to the knowledge they possess, because they suffer from low self-esteem and have lost their individual identity. A survey by the American Association of University Women revealed that less than 47% of males and 24% of females graduating from high school feel competent or good about themselves (Keeling). Gilligan (1990) found that females were confident at age 11 and confused at age 16. Block and Robbins (1993) reported that females tended to decrease and males tended to increase in self-esteem from early adolescence to young adulthood. Adolescents and young adults with low self-esteem feel incompetent and inadequate. To deal with

personal discontent they often resort to alcohol, drugs, and/or sex. The person with low self-esteem may engage in unprotected sex simply to please their partner rather than being concerned about their own personal risk.

Styles of learning have changed, college students of the 90s are learning more from visual images (television, computers, VCRs) and less from printed materials. As a result, young people often learn from what they see rather from what they read. Clearly what our young adults see is different from what they are told by the "authority figures". They are told to "Just say NO!" to sex, alcohol, and drugs; but at the same time a different message is presented by the media. The visual messages portrayed by advertising, television, movies, and music videos often infer that happiness and success are obtained through sexual gratification, experimentation, physical attractiveness, and image consciousness. Too frequently, advertising promotes the response, if you aren't feeling good about yourself, do something that will make you feel good.

Unfortunately, today's marketing techniques continuously bombard young people with commercial messages that challenge and undermine the behavioral instruction received in health education, religious training, and through parental guidance. Lacking identity, adolescents often adopt the same patterns of behavior demonstrated by both their real-life peers and those portrayed by the advertising media.

Some young adults may not know how to "say no" or how to respond to challenges from people trying to make them say "maybe". They may not know what to do when feeling out of control. Too often they are criticized by their peers for pursuing the support of others who can provide them with healthier, more independent choices.

Educating students to negotiate for safer sex is a major objective of AIDS education. Skill building is extremely important for both men and women in order to

enhance their ability to make decisions. Therefore, teaching skill-building activities to positively enhance sexual behavior is essential, if the number of HIV transmissions are to be reduced.

The purpose of this research was to determine the effect of skill building activities on the self-esteem of students participating in safer sex workshops. It is important for adolescents and young adults to possess the knowledge and skills needed to strengthen self-esteem and personal values. Improved self-esteem will enable students to make better decisions when risky situations involving sexual behavior occur. Therefore, it is important for teachers to offer activities which will not only enhance the students' knowledge, attitudes and skills but also will enhance self-esteem and promote healthy behavior.

Method

The students were tested on their individual level of self-esteem by completing a Self-Esteem Scale (Rosenberg, 1965). Rosenberg's original scoring system used the Guttman scaling technique producing scores in a restricted range from zero to six. This study utilized the alternate Likert scoring procedure (Appendix A) recommended by Wallace (1988) to produce scores in a wider range from 10 to 40. Ten items measured self-esteem on a four-point scale, from strongly agree (four points) to strongly disagree (one point). The Rosenberg Self-Esteem (RSE) Scale has a range of reliability coefficients between .61 and .87 and a range of coefficient alpha for internal consistency between .75 and .85 (Wallace). The RSE Scale was administered to the students one week before and one week after the safer sex workshop.

Students from a variety of majors (N = 145) at California University of Pennsylvania (CUP), enrolled in five sections of the course entitled "AIDS Prevention

Education", participated in this study during the 1996 spring semester. The researcher used a test-retest to evaluate the amount of change produced by the skill-building activities.

This safer sex workshop provided the opportunity for students to have fun, play games, and explore issues related to sexuality and safer sex. The students were informed that they would be asked to participate in role-play situations and that the activities were not meant to embarrass anyone. The workshop utilized skill building activities that were administered for the purpose of enhancing the students' ability to understand: 1) how easily sexually transmitted diseases are spread; 2) the symptoms and treatment of sexually transmitted diseases; 3) the risks involved; 4) the importance of communication with a potential sexual partner; and 5) the importance of prevention in the sexual transmission of diseases.

The workshop started with a brief introduction about self-esteem and decision making. Levels of self-esteem and self-determination (the ability to make decisions based on an internal, personal framework of values) among teenagers are dangerously low. For example, many adolescent females do not like the way their body looks. Adolescents and young adults do not always behave according to what they know because they have lost track of who they are. They often have little incentive to make difficult choices.

"A Friendly Game of Cards" (Appendix B) was the first activity of the safer sex workshop (Project H.O.P.E., 1992) . This game is a simulation of the scenario, that when you sleep with someone, you are sleeping with everyone else that person has slept with. The students were asked to select a card and to obtain three signatures from other students. The two students with the H cards, meaning they were infected with HIV, were then asked to stand in the front of the class and read aloud the names of the three signatures they obtained. These students were asked to come forward

and the letters on their cards were interpreted by the instructor. If the letters indicated they practiced safer sex, they were asked to sit down. If not, they remained standing and read the names of the three signatures they obtained. The game continues until everyone is either sitting down or standing in front of the class.

When the students were asked how they felt at the end of the game, they usually looked at each other in amazement. They were able to see how easily diseases spread. The students whose game situation identified that they received an infection were upset. The game simulated everyone having three partners and as a result, approximately 1/3 to 1/2 of the participants became infected. The students were reminded that in real life, some people have more than three sexual partners.

The "STD Matching Game" (Appendix C) was the second activity of the safer sex workshop (Lite, 1991). This game required the students to match a sexually transmitted disease with the symptoms and treatment of the disease. The instructor corrected any wrong matches and helped students find the correct group. Each group shared their findings with the others or the instructor explained the findings of each STD to the group. The instructor also dispeled the myth that only dirty and promiscuous people have STDs. Many believe that they are safe from acquiring a sexually transmitted disease because their partner is nice looking or a "good person". The students must know that an infection can be transmitted without the partner even knowing s/he is infected.

"Risko" (Appendix D) was the third workshop activity (Lite, 1991). This activity required the students to line-up in order of perceived risk, from the highest to lowest, after they were given a card specifying a specific risk situation. Participants who had taken the AIDS Education course had been informed that a person cannot acquire HIV from casual contact. When these participants were given the card "hugging or kissing a person with AIDS", they proceeded to the low-risk end of the continuum. However,

when the workshop was presented to participants who had not taken the AIDS education course, they reacted with fear and went to the high risk end of the continuum.

The "Communication Game" (Appendix E) was the fourth workshop activity (Lite, 1991). This game required students to role-play a 'safer sex' response to their partner. The students were encouraged to help each other with appropriate responses. The instructor also identified the key points identified in Appendix E.

The fifth activity, a ten minute section of the videotape "Growing up in the age of AIDS" (Roddy, 1991), was used to teach condom use. The workshop stressed abstinence as the only 'safe' method for avoiding STDs and clearly identified, if a person is going to have sex, it is important to know how to protect oneself. The video shows peers demonstrating condom use and stresses the fact that condoms are not always reliable, especially when people do not know how to use them. The activity is used to strengthen the student's understanding of how to properly use a condom and to emphasize the importance of this knowledge in reducing the risk of transmission. The workshop ended with a discussion of condom use and distribution of condoms.

Results

A dependent *t* test was used to evaluate the difference between the pretest and posttest scores. The results revealed that the posttest mean (33.25) was significantly better than the pretest mean (32.11), $t(144) = -2.26$, $p<.05$. The researcher concluded that the skill building activities used in this study produced a reliable increase in the self-esteem of the student participants.

Self-esteem scores for males on the posttest ($M = 33.49$, $SD = 4.12$) were higher than scores on the pretest ($M = 32.47$, $SD = 4.03$). Self-esteem scores for

females on the posttest (M = 33.13, SD = 4.36) were higher than scores on the pretest (M = 31.94, SD = 4.41). The males scored higher than the females on both tests.

Discussion

The ultimate goal for AIDS education programs is to change students' behavior to lower risk or no risk behaviors. It is important for educators to know their students in order to develop strategies and materials which will positively influence student behavior. AIDS education programs must produce knowledgeable individuals who are in control of their personal behavior and are able to reduce or eliminate risks of STD infection.

A primary fear for females is an unwanted pregnancy. Many females taking "the pill" are glad they don't have to worry about becoming pregnant and forget about the possibility of sexually transmitted diseases. The instructor must reinforce that "the pill" does not provide protection against STDs.

Teaching condom use is an important part of the safer sex workshop. This can be accomplished by using a video of choice, demonstration, and discussion. Distributing free condoms to both males and females is also beneficial. It should be mentioned that if participants have never seen or felt a condom (especially females), they could take it to the privacy of their room to become familiar with one. The instructor should emphasize the importance of females taking the responsibility for carrying condoms and insisting that their partner use them.

The STD Matching Game was developed in 1991. The drugs used in the treatment of AIDS at that time were acyclovir, pentamidine, and AZT. Protease inhibitors are the new class of drugs now being used in a three-drug regimen of combination therapy to treat HIV infected individuals (Leland, 1996; Stine, 1996). Researchers have reported that the combination therapy could keep HIV from

replicating for a long period of time (Cowley, 1997). Therefore, combination therapy should be added as a treatment for the STD Matching Game.

The outside influence of the media, especially television and the motion picture industry, has created a situation whereby young adults are being exposed, in an attractive way, to too much, too early in their lives. To address this situation, educators must meet three critical needs of young adults. These include: skills enhancement, nurturing self-esteem, and community support. . Skill enhancement must be addressed so that adolescents become knowledgeable of ways to manage difficult situations, negotiate for safer behavior, and avoid threatening situations. Nurturing self-esteem, must be strengthened by emphasizing skills for decision making, clarifying values, defining and finding intimacy, building relationships, communicating clearly and effectively, and limiting the influence of media, advertising, and alcohol on judgment. Community support is extremely important and young adults must be engaged in activities which bring them to feel they are a part of the community and they "fit in". Adolescents must be involved on a daily basis with a community of persons who care about each other and support healthy behavior.

Popham (1993) reported that just a few hours of factual information on AIDS has minimal impact on the sexual behaviors of adolescents. He recommended AIDS education should include 10 to 15 hours of instruction on: 1) functional knowledge to avoid risky behaviors; 2) interpersonal skills to avoid, escape, or protect oneself in HIV-risk situations; and 3) motivation to use the knowledge and skills they have learned.

The AIDS Prevention Education course at California University of Pennsylvania is a one credit course which meets for fifteen hours. The objectives of this class are: 1) to learn the facts about HIV and AIDS; 2) to gain skills for safer behaviors; and 3) to increase an awareness for coping with HIV and other STDs for improving the overall quality of life.

The safer sex workshop included in this class has shown that skill building activities are successful in raising the self-esteem levels of the participants. Self-esteem is important because it plays a major role in how people behave. Behavior is usually a reflection of how individuals feel about themselves. If they have positive feelings, they will have increased motivation, a desire to learn, and a desire to be successful in relationships and occupations.

Even though the workshop proved to be a comprehensive intervention, there is a concern for the long term affect of the workshop on the students' self-esteem. Changes in self-esteem should be tracked and those students involved in the study should be surveyed at a later date to determine their retention of increased self-esteem. Future studies should identify those characteristics other than self-esteem that influence sexual behavior. Teaching methodologies to strengthen these characteristics should be developed. Additional studies should also include the evaluation of changes in sexual behavior.

References

American College Health Association. (1989). AIDS on the college campus. Rockville, MD: American College Health Association.

Block, J., & Robins, R. (1993). A longitudinal study of consistency and change in self-esteem from early adolescence to early adulthood. Child Development, 64(3), 909-923.

Cowley, G. (1977, Winter). The destroyer. Newsweek, 58.

Gilligan, C. (1990, January 7). Confident at 11, confused at 16. New York Times Magazine, 23-25, 37-39, 45-46.

Keeling, R. (1992, March). Sex, alcohol, and risk. Paper presented at the meeting of the American College Health Association, Pittsburgh, PA.

Laing, S. J., & Bruess, C. E. (1989). Connecting Health, Communication, and Self-esteem. Santa Cruz, CA: Network Publications.

Leland, J. (December 2, 1996). The end of AIDS? Newsweek, 64-69.

Lite, R. (1991). The Safer Sex Party: A guide for Facilitators. Simmons College Health Center.

Popham, W. J. (1993). Wanted: AIDS education that works. Phi Delta Kappan, 74(7), 559-562.

Project H.O.P.E. (1991). A friendly game of cards.

Roddy, P. (Executive Producer). (1991). Growing up in the age of AIDS. Oak Forest, IL: ABC News Special Presentation.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Stine, G. J. (1996). Acquired Immune Deficiency Syndrome: Biological, medical, social, and legal issues. Englewood Cliffs, NJ: Prentice-Hall, Inc.

Wallace, G. R. (1988). RSE-40: An alternate scoring system for the Rosenberg Self-Esteem Scale (RSE). (ERIC Document Reproduction Service No. ED 298 154).

Appendix A

Strongly Agree (SA) Agree (A) Disagree (D) Strongly Disagree(SA)

1.	I feel that I'm a person of worth, at least on an equal basis with others.	SA (4)	A (3)	D (2)	SD (1)
2.	I feel that I have a number of good qualities.	SA (4)	A (3)	D (2)	SD (1)
*3.	All in all, I am inclined to feel that I am a failure.	SA (1)	A (2)	D (3)	SD (4)
4.	I am able to do things as well as most other people.	SA (4)	A (3)	D (2)	SD (1)
*5.	I feel I do not have much to be proud of.	SA (1)	A (2)	D (3)	SD (4)
6.	I take a positive attitude toward myself.	SA (4)	A (3)	D (2)	SD (1)
7.	On the whole, I am satisfied with myself.	SA (4)	A (3)	D (2)	SD (1)
*8.	I wish I could have more respect for myself.	SA (1)	A (2)	D (3)	SD (4)
*9.	I certainly feel useless at times.	SA (1)	A (2)	D (3)	SD (4)
*10.	At times I think I am no good at all.	SA (1)	A (2)	D (3)	SD (4)

* Indicates negatively stated items with reverse scoring.

Rosenberg Self-Esteem Scale (RSE) (Rosenberg, 1965).

Appendix B
"A Friendly Game of Cards"

Key Cards		Filler cards
4A = Abstinence		other letters of the alphabet
2C = Condom (latex with extra spermicide)		
C/ = Condom broke	G = Gonorrhea	
R = Romancing (non-intercourse)		
T = Touching/Talking	K = dry Kissing	
W = genital Warts	M = Monogamous relationship	
2 H = HIV disease	2 D = Drinking	

For groups of 15 or less use H, 2A, C, C/, M, T, W, 2D and filler cards.

Tell group that you are going to play "A Friendly Game of Cards." Distribute key cards and fillers, in no particular order. Instruct group to mingle and obtain three different signatures on the backs of their cards. After completed, bring the group back together and ask for the H people to come forward. Explain that they were infected with HIV when 1) you got that great looking tattoo on your _____ and the tattoo artist reused needles. OUCH! and 2) you participated in unsafe sexual practices...your partner lied to you about you being the only one.

Ask H people to read the names on their cards and have those people come forward and tell their letters. Interpret the letters of the people who have come forward. Uninfected persons may be seated. Congratulations you practiced safer sex, abstinence or built relationships. (A, C, R, T, K, & M stating that M's partner is non-infected and not present.) These letter people get to sit down any time their name comes up. Infected persons may have also shared their infection with H. Too bad about the C/ because they tried to practice safer sex, but the condom broke. If the partner of C/ is of the opposite gender, explain that the happy couple not only have shared a virus, but have also fertilized an egg and possibly further exposed themselves to other STDs from previous partners. (Keep watching this person to see what other contacts s/he may have had.)

Continue with the game until everyone has found their place at the front of the room or is safely seated. And how safe are those seats anyway?

In closing, remind the group that this was just a game and that we are not trying to put anyone on the spot or embarrass them. Then ask how the group felt about the game? Any anxieties? Any thought of "This does happen this way"? How did you feel about being told that you had genital warts? Interview the pregnant person, if she exists, as to exposures, feelings, future plans.

Points to highlight. 1) The multiple partner theory, "You are sleeping with everyone that your partner(s) have slept with." People lie about previous sexual experience (past activities with partners and diseases) to have sex. The more partners you have the greater your risk of contracting any STD. 2) Adding alcohol to sexual situations increases your risks. (unsafe sexual practices, date rape, unplanned pregnancy, etc.) 3) There is no need to fear any of the infected people. Just get the facts and do what you feel is OK for you. Ask, "What would you do if a potential partner informed you that s/he had a disease?" Remember that your reaction is very important to the person who is infected. 4) Remember to be non-judgmental and non-emotional during this discussion. Interject facts as often as possible.

Appendix C
The STD Matching Game

Objectives

1. To ensure participants have a basic knowledge of the STD's of major concern.
2. To dispel the stereotype that someone who has an STD is dirty or should be ashamed.
3. To ensure participants have a basic knowledge of AIDS transmission.

Overview

Participants take part in the matching game to test their knowledge on sexually transmitted diseases, symptoms and treatments.

Time: Five minutes to play plus variable discussion time.

Materials: fifteen 4 1/4" x 5 1/2" laminated cards.

Procedure:

1. Distribute the cards randomly to participants in the room.
2. Explain to the participants that there are fifteen cards. There are five STD cards, each with the name of a different STD on the card. There are five treatment cards, each outlining a specific treatment. Finally five symptom cards each contain different symptom descriptions.
3. Explain to the participants that they should move around the room to find the two cards which match with their own. Each complete group will contain an STD card with appropriate symptom and treatment cards.
4. As groups are formed the facilitators should check the accuracy of the group and correct any misinformation.
5. The groups should stay together until all cards are correctly matched. Then each group shares its findings with all others in the room.

Discussion will occur as the participants read off their cards. The facilitator controls the amount and depth of discussion based upon participants' level of knowledge and interest.

Key Points:

1. The STDs emphasized in the game, with the exception of HIV/AIDS, are those that are most commonly seen. To try to reduce confusion, we limited the game to the ones that are most prevalent in our student population.
2. This game presents a good opportunity to dispel the myth that people who have STDs are dirty, promiscuous, etc. Participants will say they do not ascribe to this belief; however, many subconsciously harbor this stereotype and think they are safe because their partner is too clean cut or too nice, etc. to have an STD. Your discussion of this issue should include an acknowledgement that one's partner can pass on an infection without even knowing s/he has one.

Sample Transition:
"We have reviewed some of the reasons for practicing safer sex. Protecting yourself and your partner from any of these infections should be an accepted priority like pregnancy protection. During the remainder of the party we will explore issues which will help you decide what is best for you and how to communicate this to your partner(s). The next game -Risko- should help you to put sexual risk in context with other risks that you take in your life.

Cards for the STD Matching Game
Answer Key

Disease	Symptoms	Treatment
AIDS (Acquired Immune Immune Deficiency Syndrome)	Asymptomatic for years	No cure Acyclovir Pentamidine AZT
Chlamydia	No symptoms in 60-80% of infected women	Antibiotics
Gonorrhea	Penile/genital discharge Pain when urinating	Antibiotics
Herpes	Blisters/sores around genitals/mouth	No cure Acyclovir for symptoms
Genital Warts/ Condyloma	Pink or white cauliflower warts in genital area	Trichloroacetic acid Laser Freezing

Appendix D
Risko

Objectives

1. To ensure participants can apply their knowledge of AIDS transmission to sexual activities.
2. To explore risk-taking.
3. To compare one's concept of risk with that of others.
4. To place sexual risk within the context of other risks one might take.

Overview

Participants will be given cards which each describe a situation which differs in the level of risk involved. They will use these cards to line up, from left to right, in order of perceived risk from the highest to lowest risk situation.

Time: Ten minutes to play plus variable discussion time

Materials: 20-30 4 1/4" x 11" laminated cards

Procedure:

1. Distribute the cards randomly to participants in the room.
2. Designate one end of the room as high risk and the other end as low risk.
3. Instruct the participants to form a line which creates a continuum or risk according to how they perceive the situations on their cards. If the cardholder feels that her situation is a higher risk than the card held by the person to her right, then they should switch positions. If the cardholder feels that her situation is less risky than the card held by the person to her left, then they should switch positions.
4. Once participants have found their relative positions in line, have each participant read her situation. Discussion among the group will take place based upon the choices made to construct the continuum.

Key Points:

1. We take risks every day. We decide which risks are acceptable to us by weighing the positive and negative consequences. Deciding about sexual risk is no different. We should know the facts and consciously weigh the positive and negative consequences before we get into a risky situation. Then we will know before we encounter the situation what our limits are and how we would like to respond.
2. People's perception of risk varies based upon how they interpret the facts they are given. There is no right and wrong in the continuum. The key is conscious thought and evaluation of what is acceptable to you.
3. Alcohol contributes to sexual risk by decreasing our inhibitions and our decision-making skills. You might focus on the alcohol cards and drug cards and have participants verbalize the inherent risk in drinking in terms of personal safety and unprotected sex.

4. Make sure you discuss the sexual situations in continuum to ensure that students can reason out how each situation places them at risk of transmission.
5. You can use the card "Hugging or kissing a person with AIDS" to emphasize that one cannot get AIDS from casual contact.

Sample Transition:

"We have just gone through a process of evaluation of situations based upon their risk to you. We have said that the best way to avoid unnecessary risk is to evaluate and set your limits before you encounter a risky situation. The next step is planning how you will communicate your limits to others so they will respect your wishes and you will feel comfortable being with them. The next game is a communication game. It will help us to practice communicating our sexual limits to our partners."

List of Risky Situations:
Unprotected vaginal intercourse
Oral sex without protection
Crossing a Brookline Ave. during the day
Intercourse with a condom
Walking to the Fenway "T" alone at night
Driving under the influence of alcohol
Leaving a bar or party with someone you've just met
Being assertive with your partner about safer sex
Not being assertive with your partner about safer sex
Smoking cigarettes
Anal intercourse with a condom
Anal intercourse without a condom
Masturbation on healthy skin
Cocaine
Sharing a soda
Kissing
Oral sex with a condom or dam
Hugging or kissing a person with AIDS
Sharing a needle
Sneaking beer into your dorm room
Leaving a party with a "new friend" who is intoxicated
Having sexual intercourse while intoxicated
Buying alcohol for minors
Going "back to his room" after a first date
Having sexual intercourse after a few drinks
Sharing a bathroom with someone with HIV

Appendix E
Communication Game

Objectives

1. To get participants to verbalize their sexual limits.
2. To allow participants to share their communication techniques and their attitudes toward safer sex.

Overview

Through role plays, participants practice and share communication techniques regarding sexual limits and safer sex.

Time: Ten minutes plus variable discussion time

Materials: 14 laminated index cards

Procedure: Option 1

Participants work in pairs. The facilitator will distribute one card per pair. They read the card and decide on an appropriate response. The facilitator then has each pair read their card and response. Discussion follows as appropriate.

Procedure: Option 2

The facilitator will read a card to the group and ask for their responses. Discussion will occur between the group and the educator. This option works well when you do not have time for a complete game with total participation. This option at least allows you to address the issue of communication with specific examples.

Key Points:

1. It is acceptable to be assertive about safer sex. It is acceptable to refrain from intercourse if a partner will not use a condom or dam.
2. One uses condoms/dams not because she thinks her partner is dirty or disease-ridden but because she respects and cares for herself and her partner.
3. You can use the card "I'm a virgin" to emphasize that one still needs to practice safer sex even if both partners say they are virgins. First, there are other ways that someone might be exposed to HIV (sharing needles for drugs or steroids). Second, in the long term you have to depend upon both partners' honesty and continued fidelity to continue to be protected. There have been a few studies which have surveyed students and found many willing to be dishonest to have sex with a partner.
4. You can use the card "You're on the pill; I don't need to wear a condom" to emphasize that birth control and STD prevention are separate concerns. Both need to be addressed. In this case, the partners should use the pill and a condom. Not only does this afford full protection but it allows both partners to participate in the process.

5. You can use the card "Just this once" to emphasize that it only takes just once. Though this will be obvious to everyone, it helps to put the situation in context. For example, both partners have had a few drinks, neither has a condom, they love each other and are sexually aroused. In this type of situation it is very tough to say no. Can the group generate alternatives that are safe and satisfying sexually?

Sample Transition:

"So far we have talked about STDs including HIV, have shared how we evaluate risky activities and some ways to assertively communicate our values to others. This last activity will help us with the skill of using a condom."

Communication Game Cards:
Your partner says:
"I won't be aroused by the time I stop and put it on."
"I can't feel a thing when I wear a condom/dam; it's like wearing a raincoat in the shower."
"When did you have your period last? You won't get pregnant, if I pull out."
"I'm a virgin."
"I know I'm clean (disease free); I haven't had sex with anyone for "X" months."
"You carry a condom around with you? Were you planning to seduce me!"
"I love you! Would I give you an infection?"
"I won't make love with you if you're going to use a condom/dam."
"It destroys the romantic atmosphere."
"Just this once."
"This is an insult! Do you think I'm some disease-ridden slut/gigolo?"
"I don't have a condom/dam with me."
"You're on the pill; I don't need a condom."
"Condoms are unnatural, fake, a total turnoff."